

EXHIBIT 10-B3

HOME Program Annual Certification for RENTAL HOUSING												
Project Name and Address:												
Name and Phone Number of Person Completing Form:												
FACILITY INFORMATION								HOME Use Only				
1. Select the Rent Standard Used: <input type="checkbox"/> HOME Rent Limits <input type="checkbox"/> 30% of the tenant's monthly adjusted income								Matches Onsite File? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Number of HOME Assisted Units				0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	Matches Onsite File? Yes <input type="checkbox"/> No		
3. Utility Allowances (if applicable)								Are utility allowances correct? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Utility Schedule Date:		Region (1-18):		Monthly Dollar Allowances								
				0 BR	1 BR	2 BR	3 BR				4 BR	5 BR
a. Heating	Natural Gas											
	Bottle Gas											
	Oil/Electric											
	Coal/Other											
b. Cooking	Natural Gas											
	Bottle Gas											
	Oil/Electric											
	Coal/Other											
c. Water Heating	Natural Gas											
	Bottle Gas											
	Oil/Electric											
	Coal/Other											
d. Other Electric												
e. Water												
f. Sewer												
g. Garbage												
h. Air Conditioning												
i. Other (specify)												
TOTAL				-	-	-	-	-	-			
4. Have Annual Housing Quality Standards inspections been completed for each unit each unit within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No										Inspection requirements met? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date:		Inspector:										
5. Are Tenants required to sign a lease agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, does the lease agreement meet HOME requirements?										HOME lease requirements met? <input type="checkbox"/> Yes <input type="checkbox"/> No		
a. One year lease period, unless mutually agreed upon?								<input type="checkbox"/> Yes <input type="checkbox"/> No				
b. Provides for 30-day notice of termination?								<input type="checkbox"/> Yes <input type="checkbox"/> No				
c. No prohibited terms (See HOME Admin Manual, Ch.7)?								<input type="checkbox"/> Yes <input type="checkbox"/> No				
6. Does the selection of new tenants comply with the approved Tenant Selection Policy or Management Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No										Requirements met? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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FACILITY INFORMATION, Continued				HOME Use Only
7. Is the Fair Housing Poster displayed in the rental office or other publicly accessible area? <input type="checkbox"/> Yes <input type="checkbox"/> No				Requirements met? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are Section 8 Voucher holders or households receiving HOME Tenant-Based Rental Assistance allowed tenancy? <input type="checkbox"/> Yes <input type="checkbox"/> No				Requirements met? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do tenant files contain annual income recertification documents for the previous 12 months for all tenants? <input type="checkbox"/> Yes <input type="checkbox"/> No				Requirements met? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Was tenant income re-examined within the last six years using source documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No				Requirements met? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. How many HOME units are occupied by tenants whose incomes are:				Are income targeting levels being met? <input type="checkbox"/> Yes <input type="checkbox"/> No
0 to 30% of AMI?	31-50% of AMI?	51-60% of AMI?	61-80% of AMI?	
12. For projects with five or more HOME-assisted units:				Are HOME occupancy and Affirmative Marketing Requirements met? <input type="checkbox"/> Yes <input type="checkbox"/> No
a. Do 20 percent of tenants have incomes at or below 50% of AMI and rents no greater than Low HOME rent or 30% of monthly income? <input type="checkbox"/> Yes <input type="checkbox"/> No				
b. Does the project have an approved Affirmative Fair Housing Marketing (AFHM) Plan and is that Plan followed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
c. Are the organizations listed in the AFHM Plan contacted annually, and is a file documenting this outreach maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No				
d. Is race/ethnicity data collected and maintained for all applicants for HOME units in this project? <input type="checkbox"/> Yes <input type="checkbox"/> No				
e. Do all public advertisements for HOME-assisted units contain the Equal Housing Opportunity logo? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Tenant Income must be re-examined annually. Income must be verified using source documentation initially and every sixth year. Other years, each tenant's income may be verified through self-certification by the tenant (signed and dated). HOME rent/income limits are at: http://www.hud.gov/offices/cpd/affordablehousing/programs/home/limits/ If rents are based on 30% of tenant's monthly income, applicable income deductions shall be applied.				
TENANT CODES				
Number of Bedrooms Code	Size of Household	Percent of Area Median Income	Race/Ethnicity of Head of Household Code	Type of Household Code
0...0 Bedroom	1...1 Person	1...0 to 30%	Hispanic? Yes or No	1...Single/non-Elderly
1...1 Bedroom	2...2 Persons	2...31 to 50%	Race:	2...Elderly
2...2 Bedrooms	3...3 Persons	3...51 to 60%	11...White	3...Related/Single Parent (F)
3...3 Bedrooms	4...4 Persons	4...61 to 80%	12...Black/African American	4...Related/Single Parent (M)
4...4 Bedrooms	5...5 Persons	5...Vacant Unit	13...Asian	5...Related/Two Parent
5...5+ Bedrooms	6...6 Persons		14...Am Indian/Alaska Native	6...Other
	7...7 Persons		15...Native Hawaiian/Pacific Islander	9...Vacant Unit
	8...8+ Persons		16...American Indian/Alaska Native and White	
	9...Vacant Unit		17...Asian and White	
			18...Black/African American and White	
			19...American Indian/Alaska Native and Black/African American	
			20...Other Multi-Racial	
Please call (406) 841-2820 with any questions regarding the referenced HOME requirements.				

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TENANT INFORMATION (Use Additional Pages as Necessary) <i>If group home, complete one line per individual</i>

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HOME Use Only

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***Annual Gross Income** is necessary for determining a tenant's eligibility for HOME-assisted housing.

****Monthly Adjusted Income** is the basis for determining a tenant's rent payment in HOME-assisted properties that do not use flat rents but set rent at 30% of the tenant's monthly income. See the *Technical Guide for Determining Income and Allowances for the HOME Program, 3rd Edition* for more information. This document is available from the HOME program upon request, or online at:

<http://www.hud.gov/offices/cpd/affordablehousing/library/modelguides/1780.pdf>